Change Waiver Status or Waive Medical Insurance

Check the appropriate box(es), sign, date, print and submit to Human Resources:

☐ I elect to use Santa Barbara Community College District (SBCCD) funds to purchase medical insurance coverage and to **stop my current waiver of medical insurance**.

To waive Medical Insurance, skip the first part and continue with the certification to waive Medical Insurance by, after reading, placing a check mark in the two boxes below and completing the remainder of the form:

☐ I elect not to use Santa Barbara Community College District (SBCCD) funds to purchase medical insurance coverage for myself, and elect to take my SBCCD fringe benefit allowance as cash-in-lieu*, which will be included in my paycheck and taxed as ordinary income, in accordance with Internal Revenue Code Section 125.

☐ I hereby certify that my dependents and I do have comparable coverage for the specified college year. I hereby authorize the District to contact the insurance company and verify my medical coverage.

Name of Insurance Company: ______________________________________________________

Coverage Provided By (attach copy of proof): __________________________________________

Spouse’s Name: ___________________________________________________________________

Names of Dependents: _____________________________________________________________

**IMPORTANT:** Employees who are waiving medical coverage and who will be retiring during this school year **must** enroll in the District medical plan during this Open Enrollment in order to participate in the District medical plan at retirement. Please contact Human Resources for additional information.

Beginning with the benefit year 1999-2000, employees who are taking the medical waiver for the first time may not elect Delta Dental coverage. However, they may enroll in Golden West Dental.

_________________________________________________________ __________________________
Print Name:                                                                                     Date:

_________________________________________________________ __________________________
Signature:                                                                                     Date:

*Cash-in-lieu: if the total cost of the mandatory benefits is less than the District’s maximum allocation, then the remainder shall be relinquished to the District, except for those who are waiving coverage. If you waive medical insurance, you will receive cash-in-lieu of the District Allocation, minus the cost of the mandatory life and disability insurance and minus the cost of Golden West Dental, if elected.